

FILED JUN 1 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16262**

0840

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 68

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Polk</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Humansville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-East Speedwell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humansville, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Ed Dorado Hwy #4</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Alfred</u> b. (Middle) <u>Alexander</u> c. (Last) _____		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>1-5-55</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>3-28-1907</u>
<b>9. AGE</b> (In years last birthday) <u>47</u>		<b>10. MONTHS</b> _____ <b>11. DAYS</b> _____ <b>12. IF UNDER 1 YEAR</b> _____ <b>13. IF UNDER 1 HRS.</b> _____ <b>14. MINS.</b> _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Farm</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Tiffin, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Ed Alexander</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ellene Bishop</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Emma Alexander</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> <b>16. SOCIAL SECURITY NO.</b> <u>none</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Ed Alexander - Rt. 4 - Road 4</u>		<b>18. ADDRESS</b> <u>Ed Dorado Hwy #4</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>19. MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Strangulation</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <u>By Hanging</u>  <b>DUE TO (c)</b> _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. _____	
<b>20. INTERVAL BETWEEN ONSET AND DEATH</b> <u>✓</u>		<b>21. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>E974X</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Suicide</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <u>St. Clair County, Mo.</u>		<b>21d. (COUNTY)</b> <u>St. Clair</u>	
<b>21e. (STATE)</b> <u>Mo.</u>		<b>21f. HOW DID INJURY OCCUR?</b> <u>By Hanging</u>	
<b>21g. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>Jan 5, 1955</u>		<b>21h. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
<b>22. I hereby certify that I attended the deceased from Jan 15, 1955 to Jan 5, 1955 and that death occurred at 2:30 p.m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>Wellwood D. Quinn, M.D.</u>		<b>23b. ADDRESS</b> <u>St. Clair County, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>1/6/55</u>		<b>23d. NAME OF CEMETERY OR CREMATORY</b> <u>Union Point Cemetery - St. Clair County, Mo.</u>	
<b>23e. LOCATION</b> (City, town, or county) (State) <u>St. Clair County, Mo.</u>		<b>23f. DATE REC'D BY LOCAL REG.</b> <u>5-24-1955</u>	
<b>23g. REGISTRAR'S SIGNATURE</b> <u>Ralph Darden</u>		<b>23h. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Ed Dorado</u>	
<b>23i. ADDRESS</b> <u>Ed Dorado Hwy #4</u>		<b>23j. ADDRESS</b> <u>Ed Dorado Hwy #4</u>	

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Max W. Pickering

Licensed Embalmer No. 4696

P. O. Address El Dorado, Tex.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.